



2019-2020 Illinois AmeriCorps*State Member Early Exit Form

(to be completed for any Member that does not fully complete their term of service)

Member Name _____ Program Year _____

Program Name _____

Member is being exited early due to:

- _____ Compelling Personal Circumstances (documentation attached)
- Medical reasons requires a physician's statement specifying that member can no longer serve. It does not require to include specific medical information, it is just required to specify that they can no longer serve their term of service due to medical reasons.
 - Pre enrollment delay of verification requires a screenshot of the enrollment verification dates and a statement of when they were supposed to start and end their term.

_____ Release for Cause (documentation attached) – can no longer serve in AmeriCorps

_____ Member did not fully complete service requirements (not eligible for an award)

Member Start Date: ____/____/____ Member Exit Date: ____/____/____

Total Hours Required for Completion: _____ Total Hours Served: _____

Percentage of hours completed: _____%

Education Award Amount (if applicable): \$_____ (Only allowed for Compelling Personal Circumstances)

Program Director's Signature _____ Date _____

Approved by:

SIC Program Officer's Signature _____ Date _____

For SIC Program Officer:
Was Member exited in eGrants within 30 days? Yes ___ No ___ If no, how many days? ___